FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06811 — 06810

1. DECEASED-NAME (Type or Print): First Frank Xavier Middle Armstrong Last

2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐ Month 5 Day 13 Year 1969 — 2b. HOUR 11-30 AM

3. SEX: Male — 4. RACE: W-US — 5. DATE OF BIRTH: 6-30-1902 — 6. AGE (In years last birthday): 63 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

2c. DATE PRONOUNCED DEAD: Month 5 Day 13 Year 1969 — 2d. HOUR 11-30 AM

7a. BIRTHPLACE (State or foreign country): Washington D.C. USA — 7b. CITIZEN OF WHAT COUNTRY? USA — 8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: Charles County Md. Md.

10. CITY OR TOWN OF DEATH: Indian Head Md — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 30 Cypress Place — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Retired Gvt.Emp. — 12b. KIND OF BUSINESS OR INDUSTRY: USGovt

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland — 13b. COUNTY: Charles — 13c. CITY OR TOWN: Indian Head — 13d. INSIDE CITY LIMITS? YES ☐ NO ☐ — 13e. STREET AND NUMBER: 28-Cypress Place

14. FATHER'S NAME: First Ambrose Middle Armstrong Last — 15. MOTHER'S MAIDEN NAME: First Mary A. Middle O'Donnell Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): USCG. — 16b. SOCIAL SECURITY NO.: 214-52-3722 — 17. INFORMANT: Miss Regina O'Donnell Aunt. — ADDRESS: Indian Head Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CorOnary Occlusion, Massive — Approximate Interval Between Onset and Death: Immediate
DUE TO, OR AS A CONSEQUENCE OF
(b): Arterio Sclerosis General — Indefinite
DUE TO, OR AS A CONSEQUENCE OF
(c): Aging Process

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. — 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: James E. Andrews MD

EXAMINER'S NAME (Type): James E. Andrews MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 5-13-69

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 5-16-1969 — 23c. NAME OF CEMETERY OR CREMATORY: Resurrection — 23d. LOCATION (City or Town) (County) (State): Clinton Pr. George Md

24. FUNERAL DIRECTOR: Mallory — ADDRESS: 131-11th St. S.E. Wash D.C. — 25a. REC'D BY REGISTRAR DATE: MAY 15 1969 — 25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06812

CERTIFICATE OF DEATH

06811

1. DECEASED-NAME (Type or print) First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR
Robert	L.	Beasley	5 12 69	9-30A.M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS / DAYS	IF UNDER 24 HRS. HOURS / MIN.
Male	White	6-2-98	70 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
Georgia	U.S.	MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Charles Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
La Plata	Physicians Memorial Hosp.	Machinist	U.S. Govt.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Charles	Waldorf	YES [X] NO [ ]	202 Barksdale Ave.

14. FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME First	Middle	Lost
Wylie		Beasley	Rosa	B.	Cone

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
Yes	1919—1921	577-58-2376	Gladys I. Beasley, Waldorf Md.	202 Barksdale Ave

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia (R).

DUE TO, OR AS A CONSEQUENCE OF

(b) Diabetes Mellitus.

DUE TO, OR AS A CONSEQUENCE OF

and (c) Cerebra vascular insufficiency.

Conditions, if any, which gove rise to immediote couse (a), stoting the underlying couse lost.

2509

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Old Myocardial infarction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medicol examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** thot (I) (this hospital) attended the deceased from 4/26, 1969, ta 5/12/1969, that (I) (we) last sow the deceased alive on 5/12/1969, and that in (my) (aur) opinion deoth occurred on the dote and hour ond from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
N Bhaduri		[X]	[ ]	[ ]	9/13/69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
Niren N. Bhaduri	Waldorf, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	May 14, 1969	Cedar Hill	Suitland Pr. Geo. Md.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
The Hunt Funeral Home	Waldorf, Md.	DATE MAY 15 1969	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

VR A15 (4)
30M REV. 1/68

1

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

06813

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06812

1. DECEASED-NAME (Type or Print) First: GEORGE	Middle: WILLIAM	Last: BRANDT	2a. DATE KNOWN OF DEATH / ESTIMATED: Month 5 Day 21 Year 69	2b. HOUR 6:30 M		
3. SEX: MALE	4. RACE: CAU.	5. DATE OF BIRTH: OCT. 19, 1883	6. AGE (In years last birthday): 85 YRS. (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN)	2c. DATE PRONOUNCED DEAD: Month 5 Day 21 Year 19 69	2d. HOUR 6:30 M	
7a. BIRTHPLACE (State or foreign country): GERMANY	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: CHARLES Md.			
10. CITY OR TOWN OF DEATH: WALDORF	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RFD 1	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): PRINTER	12b. KIND OF BUSINESS OR INDUSTRY: PAPER			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: CHARLES	13c. CITY OR TOWN: WALDORF	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: RFD 1		
14. FATHER'S NAME First: GEORGE	Middle	Last: BRANDT	15. MOTHER'S MAIDEN NAME First: MARIE	Middle	Last: HENNENMANN	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 577-03-2857	17. INFORMANT: GEORGE F. BRANDT, CHEVY CHASE, MD.	ADDRESS: 4706 HALSTONE AVE.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): A bullet wound of — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5-21-69

DUE TO, OR AS A CONSEQUENCE OF (b): chest

DUE TO, OR AS A CONSEQUENCE OF (c): self inflicted

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 955X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 5-24 1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Suicide
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Home	21f. LOCATION Street or R.F.D. No. / City or Town: Waldorf / County: Charles / State: Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. Edelen M.D.

EXAMINER'S NAME (Type): E.J. EDELEN M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 5-26-69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	5-24-69	PROSPECT HILL CEM.	WASHINGTON, D.C.

24. FUNERAL DIRECTOR / ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
HUNTT FUNERAL HOME, WALDORF, MD.	MAY 26 1969	Charles Judge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner. Other along with form PMB Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M - 1/69

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

06814

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06813

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) First: JOSEPH	Middle: WILLIS	Last: FARMER	2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 5 Day: 15 Year: 69	2b. HOUR: 10 P M			
3. SEX: MALE	4. RACE: Negro	5. DATE OF BIRTH: 8-30-09	6. AGE (In years last birthday) 59 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: 5 Day: 15 Year: 69	2d. HOUR: 11 P M		
7a. BIRTHPLACE (State or foreign country): Newport, Md.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Charles Md.				
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Route 225	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laboror	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: La Plata	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER			
14. FATHER'S NAME First / Middle / Last: Joseph Farmer	15. MOTHER'S MAIDEN NAME First / Middle / Last: Lucy Hawkins						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-12-2208	17. INFORMANT: Mrs. Louise Queen-Sister	ADDRESS: 733-12th St. S.E. Wash., D.C.				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5-15-69
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): E.J. Edelen, M.D. La Plata, Md. M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 5-16-69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5/19/1969	Sacred Heart Cemetery	La Plata, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc.-La Plata, Md.	DATE MAY 21 1969	Charles Judge

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06815

CERTIFICATE OF DEATH

06814

1. DECEASED-NAME (Type or print): First GRACE Middle LUCILLE Last GAMBLE
2a. DATE OF DEATH: Month MAY Day 4 Year 69
2b. HOUR: M
3. SEX: F
4. RACE: W
5. DATE OF BIRTH: MAY 22, 1894
6. AGE (In years last birthday): 74 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: CHARLES Md.
10. CITY OR TOWN OF DEATH: LA PLATA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PHYSICIANS MEM. HOSP.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEWORK
12b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: CHARLES
13c. CITY OR TOWN: WHITE PLAINS
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER:
14. FATHER'S NAME First WILLIAM Middle W. Last WILKERSON
15. MOTHER'S MAIDEN NAME First FRANCES Middle GENEVA Last ROBEY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.:
17. INFORMANT Address: DOROTHY WEDDINE, PORT TOBACCO, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Peritonitis - chronic. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO, OR AS A CONSEQUENCE OF (b): Uterine Cancer — 1 year??
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
1829

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes.
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 4-15, 1969, to 5-4, 1969, that (I) (we) last saw the deceased alive on 5-4 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: F. M. Johnson DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5-4-69
22d. PHYSICIAN'S NAME (Type): F. M. JOHNSON MD.
22e. ADDRESS: LA PLATA, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-7-69
23c. NAME OF CEMETERY OR CREMATORY: TRINITY MEM. GARDENS
23d. LOCATION (City or Town) (County) (State): WALDORF, CHARLES, MD.
24. FUNERAL DIRECTOR ADDRESS: HUNTT FUNERAL HOME, WALDORF, MD.
25a. REC'D BY REGISTRAR DATE: MAY 12 1969
25b. REGISTRAR'S SIGNATURE: H. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1-68

1

06816

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06815

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

1. DECEASED-NAME (Type or print) First: Sanksston	Middle: Walter	Lost: JACKSON	2a. DATE OF DEATH: Month May Doy 28 Year 1968
2b. HOUR: 2 P M	3. SEX: Male.	4. RACE: W	5. DATE OF BIRTH: Nov. 7, 1884
6. AGE (In years last birthday): 84 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.	7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: CHARLES Md.	10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): D.O.A. Physicans Mem. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Farmer
12b. KIND OF BUSINESS OR INDUSTRY: Farming	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: Tompkinsville
13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER		
14. FATHER'S NAME First: Walter L.	Middle	Lost: Jackson	15. MOTHER'S MAIDEN NAME First: ~~Elsie V. Stine~~	Middle: Susan	Lost: Bailey
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-18-8534	17. INFORMANT: Mrs. Elsie V. Stine-Daughter	Address: Tompkinsville, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	1 min
DUE TO, OR AS A CONSEQUENCE OF (b)	Coronary artery disease.	7yr
DUE TO, OR AS A CONSEQUENCE OF (c)	Generalized Arteriosclerosis	10yr

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Diabetes

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒ XX	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Doy Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County Stote	

22a. **I certify** thot (I) (this hospitol) ottended the deceased from 1955, 19___, to 28 May 1969, thot (I) (~~we~~) lost sow the deceased olive on 28 May 1969, ond thot in (my) (~~our~~) opinion deoth occurred on the dote ond hour ond from the couses stoted above, (I) (~~we~~) (did) (~~did not~~) view the body ofter deoth.

22b. SIGNATURE: A. Wooddy MD	DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 29 May 1968	
22d. PHYSICIAN'S NAME (Type): ARTHUR O. WOODDY. M.D.	22e. ADDRESS: LA PLATA. MARYLAND		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/31/1969	23c. NAME OF CEMETERY OR CREMATORY: Holy Ghost Cemetery	23d. LOCATION (City or Town): Issue,	(County): Maryland	(State)
24. FUNERAL DIRECTOR: Arehart Funeral Home, Inc.-La Plata, Md.	ADDRESS	25a. REC'D BY REGISTRAR: JUN 3 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge		

1

FOR STATE HEALTH DEPT.

06817

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06816

1. DECEASED-NAME (Type or Print) First	Middle	Last						2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month 5 Day 7 Year 1969		2b. HOUR 12-Noon
John	Wesley	Jenifer									
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month 5 Day 7 Year 1969			2d. HOUR 12-Noon
Male	Negro	12-27-1908	60 YRS.								
7a. BIRTHPLACE (State or foreign country) Maryland ~~Maxxxxxxxx~~ Md.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐						9. COUNTY OF DEATH Charles County Md.			
10. CITY OR TOWN OF DEATH LaPlata Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Physicians Memorial LaPlata Md.							12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farmer		12b. KIND OF BUSINESS OR INDUSTRY Farmer	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Charles	13c. CITY OR TOWN Newport LaPlata Md	13d. INSIDE CITY LIMITS? YES ☐ NO ☒					13e. STREET AND NUMBER			
14. FATHER'S NAME First Frank	Middle	Last Jenifer						15. MOTHER'S MAIDEN NAME First Florence	Middle	Last Plater	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 218-03-4325						17. INFORMANT ADDRESS Sarah Aydelotte-Sister-LaPlata Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion-Massive	Immediate
DUE TO, OR AS A CONSEQUENCE OF (b)	Hypertension	Indefinite
DUE TO, OR AS A CONSEQUENCE OF (c)		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4100

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, form, street, factary, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autapsy ☐, Inspection ☒, Inquiry ☒, and in my opinian death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type) James E. Andrews M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

22b. DATE SIGNED 5-7-69

ADDRESS(Street, city, town, or county) Indian Head Md Charles County

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5/10/1969	St. Mary's Cemetery	Newport, Maryland

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc.-La Plata, Md.		MAY 14 1969	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

4100

62 08 1

2

2

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06818

CERTIFICATE OF DEATH

06817

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Jennie	Middle: Simms	Last: Jenkins	2a. DATE OF DEATH: Month May Day 24 Year 69	2b. HOUR: 10 04 A M
3. SEX: Female	4. RACE: Caucasian	5. DATE OF BIRTH: Nov. 26, 1886	6. AGE (In years last birthday): 82 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: CHARLES Md.		
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 303 Spruce Street	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Home Maker	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: La Plata	13d. INSIDE CITY LIMITS? YES XX NO ☐	13e. STREET AND NUMBER: 303 Spruce Street	
14. FATHER'S NAME First: FRANK	Middle: P.	Last: JENKINS	15. MOTHER'S MAIDEN NAME First: M. Bertha	Middle:	Last: Simms
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service): Unkown	17. INFORMANT Address: Mr. Louis P. Jenkins-Nephew-La Plata Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
4124
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b) Cardiac Failure — 2 days
DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerotic Cardiovascular Disease — Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County / State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 30 Apr, 19 69, to May 24, 19 69, that (I) ~~(we)~~ last saw the deceased alive on May 24 19 69, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) (~~did not~~) view the body after death.

22b. SIGNATURE: J.Barry Mason MD	DEGREE: ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED: 24 May 69	
22d. PHYSICIAN'S NAME (Type): J.G. Barry Mason, M.D.	22e. ADDRESS: La Plata, Maryland				

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/27/1969	23c. NAME OF CEMETERY OR CREMATORY: St. Ignatius Cemetery	23d. LOCATION (City or Town) (County) (State): Bel Alton, Maryland	
24. FUNERAL DIRECTOR ADDRESS: Arehart Funeral Home, Inc.-La Plata, Md.	25a. REC'D BY REGISTRAR DATE: JUN 2 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge		

VR A15 (4)
45M - 1/69

Item10 Film413 6/6/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH Items 18-22aFilm 413
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6-17-69 ams

06819

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06818

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: SAMUEL	Middle:	Last: PASCOE	2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ]	Month: May	Day: 18,	Year: 19 69	2b. HOUR: M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Dec. 14, 1924	6. AGE (In years last birthday): 44 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month May Day 18, Year 19 69	2d. HOUR: 8:00 PM	
7a. BIRTHPLACE (State or foreign country): Chicago, Ill.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: CHARLES Md.					
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Arehart Funeral Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Physician	12b. KIND OF BUSINESS OR INDUSTRY: Private					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Va.	13b. COUNTY: Fairfax	13c. CITY OR TOWN: Falls Church	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: 6542 Cedarwood Court				
14. FATHER'S NAME: First Sam	Middle	Last: Pascoe	15. MOTHER'S MAIDEN NAME: First Mary	Middle: Gladys	Last: Lightfoot			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If yes give war or dates of service): Korea	16b. SOCIAL SECURITY NO.: 400022-7042	17. INFORMANT: Patricia Louise Pascoe	ADDRESS: (same as 13e)				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Drowning — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF

(b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 8320

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]
21a. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 8:45 P.M. 5-18 1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Fell overboard while trying to lift anchor
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Potomac River	21f. LOCATION Street or R.F.D. No.: Freestone Point; City or Town; County: Charles; State: Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [X], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]

ADDRESS (Street, city, town, or county):

22b. DATE SIGNED: May 19, 1969

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 21, 1969	23c. NAME OF CEMETERY OR CREMATORY: Columbia Gardens	23d. LOCATION (City or Town) (County) (State): Arlington, Virginia		
24. FUNERAL DIRECTOR: Covington-Martin Funeral Home	ADDRESS: Falls Church, Va.	25a. REC'D BY REGISTRAR DATE MAY 22 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge		

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06820 — 06819

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A-5 (4) 30M REV. 1/68

1. DECEASED-NAME (Type or print) First / Middle / Last	James Pierce Patton	2a. DATE OF DEATH Month Day Year	5-22-69
		2b. HOUR	8-05A M
3. SEX	Male	4. RACE	W-US
5. DATE OF BIRTH	6-27-1907	6. AGE (In years last birthday)	61 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Georgia	7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]		9. COUNTY OF DEATH	Charles County Md.
10. CITY OR TOWN OF DEATH	LaPlata Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Physicians Memorial
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Salesman	12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Maryland	13b. COUNTY	Charles
13c. CITY OR TOWN	Bryans Road	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	
13e. STREET AND NUMBER			
14. FATHER'S NAME First / Middle / Last	Leonard P.Patton	15. MOTHER'S MAIDEN NAME First / Middle / Last	~~XX~~ Cora B.Hall
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	No	16b. SOCIAL SECURITY NO.	541-08-2265
17. INFORMANT Address	Hertchel L.Patton, Son, Bryans Road Md		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion Massive.	48 hours
DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)	Arterio Sclerosis General	Indefinite
DUE TO, OR AS A CONSEQUENCE OF		
(c)	Aging Process	Indefinite

4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that (I) (this hospital) attended the deceased from 5-20-69, 19___, to 5-22-69, 19___, that (I) (we) last saw the deceased alive on 5-22-69 19___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	James E. Andrews DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED 5-22-69
22d. PHYSICIAN'S NAME (Type)	James E.Andrews MD	22e. ADDRESS	Indian Head Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Burial	5/24/1969	Trinity Memorial Gardens	Waldorf, Maryland	

24. FUNERAL DIRECTOR ADDRESS	Arehart Funeral Home, Inc.-La Plata, Md.	25a. REC'D BY REGISTRAR DATE	MAY 26 1969
25b. REGISTRAR'S SIGNATURE	Charles Judge		

1

FOR STATE HEALTH DEPT.

Items10,11&13 FilmG413
5/29/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06821

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06820

1. DECEASED-NAME (Type or Print) First	Middle	Last	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month	Day	Year	2b. HOUR
OTIS	MC CLARY	PEACHER, SR.	May	18,	1969	M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month	Day	Year	2d. HOUR
Male	White	11-5-1926	42 YRS.					May	18,	1969	8:00 P.M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH
Virginia	U. S. A.		CHARLES Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
LaPlata Freestone Point	Potomac River ✓ Erehart Funeral House		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Va.	Prince William	Woodbridge	YES ☐ NO ☐	410 G. Street

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
J.	W.	Peacher	Daisey B McClary		

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
WWII	228-24-0276	Cunningham Funeral Home, Alexandria, Virginia

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Drowning	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 9109 — DUE TO, OR AS A CONSEQUENCE OF (b)		
DUE TO, OR AS A CONSEQUENCE OF (c)		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	11:45 Mx 5-18 1969	Attempting to rescue daughter and drowned

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Potomac River	Frestone Point			Md.

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED May 19, 1969

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5-22-69	Dumphries Cemetery	Dumphries, Virginia

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Ave. Baltimore 21229	MAY 21 1969	Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

1
FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

06822

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06821

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print)	First: TERESA	Middle: DAWN	Last: Peacher	2a. DATE KNOWN OF DEATH ESTIMATED ☐	Month: 5 Day: 18 Year: 69
2b. HOUR	1:30 P.M.				
3. SEX	Female	4. RACE	White	5. DATE OF BIRTH	9/1/1952
6. AGE (In years last birthday)	16 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN			2c. DATE PRONOUNCED DEAD	Month: 5 Day: 19 Year: 69
2d. HOUR	4 P.M.				
7a. BIRTHPLACE (State or foreign country)	Virginia	7b. CITIZEN OF WHAT COUNTRY?	U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH	Freestone Point	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Potomac River	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Student
12b. KIND OF BUSINESS OR INDUSTRY	At School				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Virginia	13b. COUNTY	Prince William-Woodbridge	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? ☒
13e. STREET AND NUMBER	410 G Street				
14. FATHER'S NAME	First: Otis	Middle: M.	Last: Peacher	15. MOTHER'S MAIDEN NAME	First: LUCILLE Middle: AMIDON Last: Peacher
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	No	16b. SOCIAL SECURITY NO.	225-80-4830	17. INFORMANT ADDRESS	LUCILLE AMIDON - WOODBRIDGE VA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Drowning — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5-18-69

DUE TO, OR AS A CONSEQUENCE OF

(b) Falling from boat — 5-18-69

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

8320

8324

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year, HOUR A.M. P.M. 5/18/1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Fell from boat
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Potomac R.	21f. LOCATION Street or R.F.D. No. Freestone Pt City or Town Woodbridge County Va State Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E.J. Edelen M.D.

EXAMINER'S NAME (Type) E.J. Edelen, M.D. La Plata, Md.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 5-19-69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)	
BURIAL	5/21/69	DUMFRIES	DUMFRIES,	VIRGINIA
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE	
CUNNINGHAM-MOUNTCASTLE	WOODBRIDGE, VA.	MAY 22 1969	Charles Judge	

VR A15ME (5)
10M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06823 06822

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: DOLLIE	Middle: S.	Last: REES	2a. DATE OF DEATH Month: May Day: 27 Year: 1969.		2b. HOUR: 7:35 A.M.
3. SEX: FEMALE	4. RACE: Cau	5. DATE OF BIRTH: 26 Sept 1889	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Chas. Co. Md	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: CHARLES Md.		
10. CITY OR TOWN OF DEATH: LA PLATA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PHYSICIANS Memorial.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Homemaker	12b. KIND OF BUSINESS OR INDUSTRY: Domestic		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md	13b. COUNTY: Chas.	13c. CITY OR TOWN: Pisgah.	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Mason Springs Road	
14. FATHER'S NAME First: CHARLES	Middle: D	Last: CARPENTER.	15. MOTHER'S MAIDEN NAME First: Sarah	Middle: A.	Last: Bragunier
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Son: Clinton Rees	Address: Indian Head.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CEREBERAL THROMBOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sev.

DUE TO, OR AS A CONSEQUENCE OF (b): Generalized Arteriosclerosis. — 5 years.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4339

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 11 April, 1969, to 27 May, 1969, that (I) (we) last saw the deceased alive on 27 May 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Arthur O. Woodby MD	MD	☒	☐	☐	27 May 69.

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ARTHUR O. WOODBY. MD	LA PLATA, MD 20646

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5-29-69	Pisgah Meth. Cem.	Pisgah, Charles, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Huntt Funeral Home, Waldorf, Md.	MAY 29 1969	Charles Judge

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06824 06823

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First: JOHN Middle: PATRICK Last: ROWAN	2a. DATE OF DEATH Month: 5 Day: 27 Year: 69	2b. HOUR: 4 P M	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: June 28, 1920	6. AGE (In years last birthday): 48 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicans Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Instreament Mech.	12b. KIND OF BUSINESS OR INDUSTRY: N.O.S.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: White Plains	13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER			
14. FATHER'S NAME First: Patrick Middle: Francis Last: Rowan	15. MOTHER'S MAIDEN NAME First: Ellen Middle:	Last: Foley	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: Yes (If yes, give war or dates of service): 1942-1945	16b. SOCIAL SECURITY NO.: 207-03-4277	17. INFORMANT: Christa L. Rowan-Wife-	Address: White Plains, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): (a) Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 Min
DUE TO, OR AS A CONSEQUENCE OF: (b) Gen. Art. Sc.
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 4109
DUE TO, OR AS A CONSEQUENCE OF: (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** thot (I) (this hospitol) attended the deceased from 5.22, 19 69 to 5.27, 19 69, thot (I) (we) last saw the deceosed alive on 5.26 1969, and thot in (my) (our) opinon deoth occurred on the date and haur and from the couses stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: [signature] DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐ — 22c. DATE SIGNED: 5.28.69

22d. PHYSICIAN'S NAME (Type): F. J. EDELEN — 22e. ADDRESS: La Plata Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/29/1969	23c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery	23d. LOCATION (City or Town) (County) (State): Chapel Point, Maryland	
24. FUNERAL DIRECTOR — ADDRESS: Arehart Funeral Home, Inc.-La Plata, Md.	25a. REC'D BY REGISTRAR DATE: JUN 2 1969	25b. REGISTRAR'S SIGNATURE: [signature] Clerk Judge		

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06825 Item23 FilmG412 5/15/69 kk

CERTIFICATE OF DEATH

06824

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: Horace	Middle: WOODROW	Last: Smith	2a. DATE OF DEATH: Month: May Day: 7 Year: 69	2b. HOUR: 1 25 A M
3. SEX: Male	4. RACE: Caucasian	5. DATE OF BIRTH: MAY 22, 1912	6. AGE (In years last birthday): 56 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: CHARLES Md.		
10. CITY OR TOWN OF DEATH: LA PLATA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PHYSICIANS MEM. HOSP.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): NONE	12b. KIND OF BUSINESS OR INDUSTRY: NONE		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.	13b. COUNTY: CHARLES	13c. CITY OR TOWN: WALDORF	13d. INSIDE CITY LIMITS? YES ☒ NO ☐	13e. STREET AND NUMBER:	
14. FATHER'S NAME First: JAMES	Middle: EDWARD	Last: SMITH	15. MOTHER'S MAIDEN NAME First: MARY	Middle: ELLEN	Last: BRUNNER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 578-40-7991	17. INFORMANT: NAOMI RICHMOND	Address: 7105 BENJAMIN ST. MCLEAN, VA. 22101		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days
5710
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b): Hepatic Cirrhosis — years
DUE TO, OR AS A CONSEQUENCE OF (c): Chronic Alcoholism

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Peptic Ulcer Disease with Bleeding

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 11 April, 19 69, to 7 May, 19 69, that (I) ~~(we)~~ last saw the deceased alive on 6 May 19 69, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ ~~(did)~~ (did not) view the body after death.

22b. SIGNATURE	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED
J.G. Barry Mason MD		7 May 69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
J.G. BARRY MASON	LA PLATA, MD. 20646

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
BURIAL	5-9-69	St. Pauls Cemetery	WALDORF, CHARLES, MD.

24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
HUNTT FUNERAL HOME	WALDORF, MD.	DATE MAY 12 1969	Charles Judge

VR A15(4)
30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06826 — 06825

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First: VIOLET	Middle: TIPPETT	Last: SPALDING	2a. DATE OF DEATH: Month 5 Day 14 Year 69	2b. HOUR: 3:30 P.M.
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Feb. 10, 1895	6. AGE (In years last birthday): 74 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Charles, Md.		
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicans Memorial Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House Wife	12b. KIND OF BUSINESS OR INDUSTRY: At Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Bel Alton	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER	
14. FATHER'S NAME: First Frank	Middle	Last: Tippett	15. MOTHER'S MAIDEN NAME: First Mary Elizabeth	Middle	Last: Shorter
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service): 218-30-3964D	17. INFORMANT: Mr. John C. Spalding	Address: La Plata, Md.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	C.V.A	5-17-69
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerosis	1955
DUE TO, OR AS A CONSEQUENCE OF (c)	Diabetes M	1960

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 2509

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town / County / State

22a. I **certify** thot (I) (this haspital) attended the deceased from _____, 19 50, to 5/19, 19 69, thot (I) (we) lost saw the deceased olive an 5/18/ 1969, and thot in (my) (our) opinion death occurred on the date and haur and from the causes stoted above. (I) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE: E. J. Edelen	DEGREE	ATTENDING PHYS. ☒	MED. DIRECTOR ☐	STAFF PHYS. ☐	22c. DATE SIGNED: 5-19-69
22d. PHYSICIAN'S NAME (Type): E. J. EDELEN		22e. ADDRESS: La Plata Md.			

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/22/1969	23c. NAME OF CEMETERY OR CREMATORY: St. Thomas Manor Cem.	23d. LOCATION (City or Town) (County) (State): Chapel Point, Md.	
24. FUNERAL DIRECTOR: Arehart Funeral Home, Inc.	ADDRESS: La Plata, Md.	25a. REC'D BY REGISTRAR DATE: MAY 22 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge	

VR A15 (4)
30M REV. 1-68

13

06827

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06826

1. DECEASED-NAME (Type or print) First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR
ROSE	MARY	STANFIELD	May	12	1969	9 PM

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Female	White	Aug. 22, 1910	58 YRS.		

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	9. COUNTY OF DEATH
New York	U.S.A.	MARRIED X	Charles Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
La Plata	Physicans Mem. Hospital	Cashier Bd.	of Educatio

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Charles	Hill Top	YES ☐ NO X	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Michael		Margiotta	Gilda		Scaglione

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		064-10-3478	Mr. Marvin W. Stanfield-Husband	Hill Top, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Septicemia

DUE TO, OR AS A CONSEQUENCE OF (b) Generalized Peritonitis

DUE TO, OR AS A CONSEQUENCE OF (c) Ruptured Tubo-Ovarian Abscess Rt.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 614X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 22 days

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): UREMIA

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4/22/69	Ruptured Tubo-Ovarian	YES ☐ NO ☑	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that (I) (this hospital) attended the deceased from 4/22, 1969, to 5/12, 1969, that (I) (we) last saw the deceased alive on 5/12 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

22b. SIGNATURE	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED
Arturo M. Monteiro		☑	☐	☐	5/13/69

22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS
ARTURO M. MONTEIRO	P.O Box 807 La Plata, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	5/15/1969	Trinity Mem. Gardens	Waldorf, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc. - La Plata, Md.	MAY 16 1969	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 M
30M REV. 1-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06828 — 06827

1. DECEASED-NAME (Type or Print) First: EARL	Middle: VAN	Last: SUTER	2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month: 5	Day: 22	Year: 1969	2b. HOUR: 1:30 a
3. SEX: Male	4. RACE: Colored	5. DATE OF BIRTH: June 2, 1947	6. AGE (In years last birthday): 21 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.	2c. DATE PRONOUNCED DEAD Month: May	Day: 22	Year: 19 69	2d. HOUR: 1:30 a
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Charles				Md.
10. CITY OR TOWN OF DEATH: LaPlata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Michanicsville	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: Michanicsville, Md.			
14. FATHER'S NAME First: Joseph	Middle: E T.	Last: Suter	15. MOTHER'S MAIDEN NAME First: Mavie	Middle: Delores	Last: ~~Gray~~ Mills		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT: Joseph T. Suter	ADDRESS: Mechanicsville, Maryland				

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound of the back — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
965 X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	12:30 5 22 19 69	Subject shot during altercation

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Tavern	Bills Tavern	Mason Mills	Charles	Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined manner ☐

ACTUAL SIGNATURE _____ M.D.

EXAMINER'S NAME (Type): Edward F. Wilson, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED: May 23, 1969

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	May 16, 1969	St. Josephs Cemetery	Morganza, St. Mary's, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonardtown, Maryland	MAY 28 1969	Charles Jones

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06829 06828

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 7-68

1. DECEASED-NAME (Type or print) First: Mildred	Middle: M.	Last: Thorne	2a. DATE OF DEATH: 5/10/69 (Month 10 Day 69 Year)	2b. HOUR: 11.00P M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 9/4/01	6. AGE (In years last birthday): 67 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Charles Md.	
10. CITY OR TOWN OF DEATH: LaPlata, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Domestic	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Pr. Geo.	13c. CITY OR TOWN: Friendly	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e. STREET AND NUMBER: 10501 Old Ft. Rd.
14. FATHER'S NAME First: Ralph	Middle	Last: Payne	15. MOTHER'S MAIDEN NAME First: Mae	Middle	Last: Peaper
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT Address: Clarence Thorne (Son) Same as # 13		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lupus Erythematosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO, OR AS A CONSEQUENCE OF (b) Rheumatoid Arthritis — 6 Months
DUE TO, OR AS A CONSEQUENCE OF (c) Mitral Valve Disease (Regurgitation) — 2 months
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7123
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: 0	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: 0	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19 ------	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): None	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) -------	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) (this hospital) attended the deceased from 26 Apr 1969, to 10 May, 1969, that (I) (we) last saw the deceased alive on 10 May 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (~~did~~) (~~did not~~) view the body after death.

22b. SIGNATURE: Milton C Cobey	MD DEGREE	ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED: 11 May 69
22d. PHYSICIAN'S NAME (Type): Milton C. Cobey MD.		22e. ADDRESS: LaPlata, Md.	

23a. BURIAL, CREMATION, REMOVAL (Specify) XXXXXXXX	23b. DATE: May 13-69	23c. NAME OF CEMETERY OR CREMATORY: Washington National Cem.	23d. LOCATION (City or Town) (County) (State): Suitland, Maryland	
24. FUNERAL DIRECTOR: ~~Simmons Bros~~ Simmons Bros.	ADDRESS: 1661-Gd. Hope Rd. SE. Wash., DC	25a. REC'D BY REGISTRAR DATE: MAY 13 1969	25b. REGISTRAR'S SIGNATURE: [illegible]	